

**City of Vidalia, Georgia**  
**Application For City Occupational Tax Certificate**

**OT**

Occupational  
Tax

\*\* APPLICATION MUST BE COMPLETED IN ITS ENTIRETY PRIOR TO SUBMITTING FOR APPROVAL \*\*  
PLEASE READ AND TYPE OR PRINT WITH BALL POINT PEN

**Business Location**

New

Renewal

Change of Address

**Business Name :**

**Business Street Address :**

(Business) Street City State Zip

**Telephone :** ( )

Area Code

**Business Mailing Address**

Street City State Zip

Please list and describe the type of service(s) that will be offered by your business.

Does your service require state certification?

YES

NO

**\*\* IF SERVICES REQUIRE STATE CERTIFICATION, PLEASE PROVIDE A COPY \*\***

Is this business a home occupation?

YES

NO

Are there any land covenants or private restrictions relating to this property?

**\*IF YES, PLEASE PROVIDE A COPY.**

\*YES

NO

**Emergency Contact for Police - Please provide two after hours contacts by order of choice.**

1. Name Phone

2. Name Phone

Have you been licensed in this city prior to this year in another business name?

If yes, In what name?

What year?

YES

NO

**Owner Information**

**Name :**

Last

First

Middle

**Home Mailing Address :**

Street City State Zip

**Home Street Address :**

(Home) Street City State Zip

**Telephone :** ( )

DOB

SS# Required

Area Code

**Fee Schedule**

(not applicable for change of address)

Administrative Fee \$70.00

Per Full Time Employee \$20.00

Part-Time Employees (See description below) \$20.00

Multiple part time employees whose combined weekly hours total 40, are equivalent to 1 full time  
(For example 2 employees work a total of 20 hours each. 20X2=40 or 1 full time employee)

cap is \$750.00 including admin fee

Administrative Fee \$70.00

Number of Full Time Employees x \$20.00

Number of part time Employees equivalent to full time x \$20.00

**Total Amount Due**

I UNDERSTAND THAT THE MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THIS APPLICATION IS  
GROUNDS FOR FINE, REVOCATION OF CERTIFICATE, OR BOTH. I ALSO UNDERSTAND THAT COMPLETION OF THIS  
APPLICATION DOES NOT GUARANTEE APPROVAL.

**Owner / Manager Signature (for franchise)**

**Date**

**RETURN TO :**

City of Vidalia

P.O. Box 280 Vidalia, Ga. 30475-0280

(912) 537-7661 (Voice)

(912) 537-7708 (Fax)

**FOR OFFICE USE ONLY**

DATE RECEIVED

ZONE CHECKED\*

DATE ENTERED

RECEIVED BY:

CHECKED BY:

ENTERED BY:

DATE CHECKED

CITY MANAGER:



State of Georgia  
**Department of Revenue**  
1800 Century Boulevard  
Atlanta, Georgia 30345

**Official Addendum to Business Occupancy License Application**

**Required Fields**

**Name of Business (Legal Name or Trade Name):**

**Mailing Address if Different From the Physical Address:**

**Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:**

**Sales Tax ID #, if Your Business is Required to Have One by Law:**

**Applicable North American Industry Classification System Code Number (Please list all NAICS):**

**NOTICE:**

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

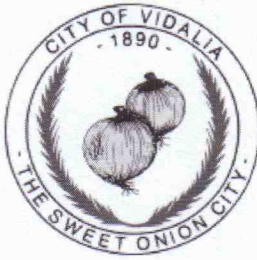
The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6605 or sent to Tax Law & Policy, 1800 Century Blvd., NE, Atlanta, GA 30345.





## CITY OF VIDALIA AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

By executing this affidavit under oath, as an applicant for a City of Vidalia, Georgia Business License or Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Vidalia, Business License, Building Permit or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit for \_\_\_\_\_.

(Name of natural person applying on behalf of individual, business, corporation, Partnership, or other private entity)

1) \_\_\_\_\_ I am a United States citizen.

**OR**

2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.\*

In making the above representation under oath, I understand that any person who Knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official code of Georgia.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
\* Alien Registration number of non-citizens

Notary Public  
My commission Expires:

\*Note: O.C.G.A. 50-36-1 (e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

\_\_\_\_\_